

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14876

FILED APR 26 1944

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Jooper  
(b) City or town Jooper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. John's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community Life line  
years, months or days)

3. (a) PRINT  
FULL NAME

Lillian E. Cheek  
3. (b) If veteran, name war No.  
3. (c) Social Security No. No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive 3 years (Day) (Year)  
7. Birth date of deceased Dec 3 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 29 hr. min.

9. Birthplace Perry Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business House work  
12. Name Joseph Ravery  
13. Birthplace no record  
(City, town, or county) (State or foreign country)  
14. Maiden name no record  
15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Tam Cheek  
(b) Address 801 Empire  
17. (a) Burial (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Center  
18. (a) Signature of funeral director Harold Wilson  
(b) Address 4th & Wall St  
19. (a) 4-3-44 (b) John S. Dichter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jooper  
(c) City or town Jooper  
(If outside city or town limits, write "RURAL")  
(d) Street No. 118 North Pearl St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1944 hour 1 minute 45 a M.  
21. I hereby certify that I attended the deceased from June 18  
1942 to April 1 1944  
that I last saw her alive on April 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertension  
Due to Hypertension  
Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: none  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature John S. Dichter (M. D. or other) 4/3/44  
Address Jooper Date signed 4/3/44

Duration

3 days  
1 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

44-4-320

MAY 2 194

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**